## N20000007843

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

T-DOGGS BIGG DREAMS CHARITY FOUNDATION NAME OF CORPORATION:	
N20000007843 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TRAVIS GAMMAGE	
(Name of Contact Person)	
T-DOGG'S BIGG DREAMS CHARITY INC	
(Firm/ Company)	
280 SW 8 COURT	
(Address)	2023 OC 8708E
DEERFIELD BEACH, FL 33441	,  <del></del>   ,
(City/ State and Zip Code)	08 E
TRAVISGAMMAGE@GMAIL.COM	FR PR
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	3: 5
TRAVIS GAMMAGE 561 703-2948	
(Name of Contact Person) (Area Code) (Daytime	Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy Enclosed)	

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Taliahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

T-DOGGS BIGG DREAMS CHARITY FOUNDATION

(Name of Corporation as currently filed with the Floric	da Dept. of State)		
	N2000007843		
(Document Nu	umber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For Profit</i> (	Corporation adopts the fol	llowing
A. If amending name, enter the new name of the corpo	ration:		
T-DOGG'S	BIGG DREAMS CHARITY INC	T	he new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the	abbreviation "Corp." or	"Inc." .s
B. Enter new principal office address, if applicable:		10 L3	3
(Principal office address MUST BE A STREET ADDRE	(22	c	<u>)</u>
			<u>-1                                    </u>
			⊃
			υ : Τ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			يب نُه
(maing access MAI DE AT OST OFFICE DOX)	······		<u> </u>
		1	
D. If amending the registered agent and/or registered	office address in Florida enter th	e name of the	
new registered agent and/or the new registered offin		e name of the	
Name of Name De Constant Assess			
Name of New Registered Agent:			
	(Florida street	( address)	
New Registered Office Address:	(	,,	
		. Florida	
	(City)	(Zip Code)	
N. D. CA. J.A. 41-Claus. of Banks Design	and because		
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	reu Agent:  n familiar with and accept the oblig	ations of the position.	
	Signature of New Registered Ages	nt, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attack additional sheets, if necessary)  Please note the officer/director title by the first letter of the office title:  P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.				
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ives the corp	oration, Sally Smith is named the v and s	ed as the PST and Mike Jones is listed as the V. There is 5. These should be noted as John Doe, PT as a Change,	
Example:				
X Change	PT 1	ohn <u>Doc</u>		
X Remove	<del></del>			
		Sally Smith		
X Add	<u> </u>	Sart A Omini		
Type of Action (Check One)	Title	Name	Address	
l)Change Add				
Remove				
2)Change Add				
Remove 3) Change Add Remove				
4) Change Add				
Remove				
Add Remove				
6) Change Add				
Remove				
E. If amending or add (attach additional she	ing addition eets, if neces	nnl Articles, enter change(s) here: sary). (Be specific)		
AMENDING REMOV	ING FOU <u>N</u>	DATION FROM BUSINESS NAME NE	VER INTENDED TO BE A FOUNDATION.	
CORRECT NAME: T-	DOGG'S BI	GG DREAMS CHARITY INC		

ADDING TO PURPOSE THERAPEUTIC HORSES

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i						
The date of each amendment date this document was signed	t(s) adoptiou: i.	10/18/2023		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		, if other than the
Effective date if applicable:	10/18/2023					
	(n	o more than 90 day	ys after amendme	mt file date)		
Note: If the date inserted in the document's effective date on the	his block does the Departmen	not meet the applic t of State's records	cable statutory fili	ing requirements	s, this date will not	be listed as the
Adoption of Amendment(s)	Q	CHECK ONE)				

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

was/were sufficient for approval.

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.
Dated 10/18/2023
Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
TRAVIS GAMMAGE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)